

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/830730**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		X				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10	X					
11		X				
12		1				
13		2				
14		3				
15		4				
16		5				
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49						
50						
TOTAL IND.	21	↓		↓		↓
TOTAL DEP.	16	↓		↓		↓
TOTAL CLAIMS	37					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS